



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **ESKENAZI HOSPITAL**

City of Hospital: Indianapolis

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Cyrus Stanford

Email Address: cyrus.stanford@eskenazihealth.edu

Medicare Provider Number: 711501

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1117727620
Outpatient Patient Service Revenue	\$1639743431
Total Gross Patient Service Revenue	\$2757471051

2. Deductions From Revenue

Contractual Allowance	\$1747491440
Other Deductions	\$329370323
Total Deductions	\$2076861763

3. Total Operating Revenue

Net Patient Service Revenue	\$712210065
Other Operating Revenue	\$53003906
Total Operating Revenue	\$765213971

4. Operating Expenses

Salaries and Wages	\$348153337	Employee Benefits	\$79221885
Depreciation and Amortization	\$69585585	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$385283447
Total Operating Expenses	\$882244254		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$1015919173
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1015919173

Total Net Gains	\$0
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$738741591	\$549931286	\$188810305
Medicaid	\$1277233621	\$931102230	\$346131391
Other Government	\$284285287	\$335110609	\$-50825322
Other State	\$0	\$0	\$0
Other Payers	\$457210553	\$260717638	\$196492915
Total	\$2757471052	\$2076861763	\$680609289

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$12840070	\$24672311.07	\$-11832241.07
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1111
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$6126	\$34434155	
HCI Payments	\$0		
Subtotal	\$6126	\$34434155	\$-34428029
Medicaid Shortfalls	\$346999399	\$438596449	
Subtotal	\$347005525	\$473030604	\$-126025079
DSH Payments	\$52,713,684		
Subtotal	\$399719209	\$473030604	\$-73311395
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$399719209	\$473030604	\$-73311395

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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